

Adelphi University Institutional Review Board Research Review Forms

IRB ID #
(to be completed by the committee)

Please type all entries

Date submitted to IRB:

TITLE OF PROJECT:

PRINCIPAL INVESTIGATOR:

Address:

Phone:

Email:

Faculty Advisor (if not the PI):

Address:

Phone:

Email:

You must complete a training program in the protection of human research participants before you can begin your research. Please indicate the date the training was completed () and include a copy of the certification with this application.

If you have not completed a training program, please contact the Office of Sponsored Programs or take any of the following online programs: <http://cme.cancer.gov/c01> or <http://my.research.umich.edu/peerrs/> or <http://www.nyu.edu/ucaih/tutorial/>

Please answer Yes or No to the following:

1. Does this research **EXCLUDE** children, the elderly, prisoners, fetuses, pregnant women, the seriously ill, mentally or cognitively compromised adults or other vulnerable groups (institutionalized populations)?
2. Is this research conducted in established or commonly accepted educational settings, involving normal educational practices?
3. Does this research involve the use of educational tests, survey procedures, or observation of public behavior?
4. Does this research involve collection or study of existing data, documents, records, that can be linked to individuals?
5. Does this research study or evaluate public benefits or service programs?

Are you requesting that **written** informed consent be waived? If yes, please explain.

I. BRIEF DESCRIPTION OF THE PROJECT'S PURPOSES:

II. PLANNED DATES FOR INITIATION AND COMPLETION OF THE PROJECT:

III. NUMBER OF SUBJECTS:

IV. CHARACTERISTICS OF SUBJECTS (e.g., age range, special populations, etc.)

V. METHOD OF SUBJECT RECRUITMENT:

VI. BRIEF DESCRIPTION OF PROJECT'S METHODS AND RESEARCH DESIGN:

VII. SEQUENCE OF ACTIVITIES REQUIRED OF THE SUBJECT, (for example, advertisement, consent, debriefing, etc.)

VIII. ESTIMATED TIME COMMITMENT REQUIRED OF THE SUBJECTS:

IX. ANY POTENTIAL RISKS, DISCOMFORTS, OR STRESSES AND THE PRECAUTIONS TAKEN TO MINIMIZE THEM

SIGNATURES AND DATE OF ALL RESEARCHERS WHO WILL BE WORKING IN DIRECT CONTACT WITH STUDY PARTICIPANTS. IN ADDITION, FACULTY ADVISORS MUST SIGN BELOW. THESE SIGNATURES INDICATE THAT ALL THE RESEARCHERS HAVE FAMILIARIZED THEMSELVES WITH UNIVERSITY POLICIES REGARDING THE LEGAL AND ETHICAL TREATMENT OF HUMAN SUBJECTS IN RESEARCH, AND ARE CERTIFIED IN HUMAN SUBJECTS PROTECTIONS TRAINING

Name: _____

Date:

Signature: _____

Affiliation: _____
(institution/organization)

Name: _____

Date:

Signature: _____

Affiliation: _____
(institution/organization)

Name: _____

Date:

Signature: _____

Affiliation: _____
(institution/organization)

ATTACHMENTS CHECKLIST:

- _____ 1. Informed Consent Form (**Please note that the IRB has decided that all consent forms/letters should include the following statement**)
This research has been reviewed and approved by the Adelphi University Institutional Review Board. If you have any questions, concerns or comments, please contact Dr. Robert Otto, Chair of the Adelphi University IRB, at 516-877-4276 (otto@adelphi.edu) respectively.
- _____ 2. Debriefing Form (if applicable)
- _____ 3. Representative sample of materials/test/questionnaire items
- _____ 4. Sign-up sheet, solicitation script or advertisement (whichever is applicable)
- _____ 5. Other attachments